



TEMPORARY FOOD SERVICE APPLICATION

THIS APPLICATION WILL SERVE AS YOUR LICENSE WHICH MUST BE POSTED AT EVENT LOCATION

Ravalli County Environmental Health
215 South 4th Street – Suite D
Hamilton, MT 59840

PH: (406) 375-6565

FAX: (406) 375-6566

- Establishments with 2 or fewer employees working at any one time (\$85 license fee)
- Establishments with more than 2 employees working at any one time (\$115 license fee)
- Establishments licensed in current calendar year as TFS with same menu and set-up (\$5 permit fee)

*** PLEASE PRINT ***

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____ Email _____

Name of Temporary Event: _____

Temporary Event Physical Location: _____

City: _____ Coordinator: _____ Ph: (____) _____

Dates of Operation: _____ to _____ Total Days Operating _____
(Start Date) (Last Day)

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ Date: _____

- ❖ **TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.**

This Section is to be completed and signed by the Regulatory Authority Only!

Approved Menu: _____

License Limitations and Restrictions: _____

Menu and Set-up previously approved on: _____

Commissary Kitchen location: _____

SIGNATURE OF REGULATORY AUTHORITY: _____

(Signature verifies compliance with applicable statutes and rules for this establishment – 50-50 MCA & ARM 37.110.200)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____